

**BAKER BOTTS LLP**Please type a plus sign (+) inside this box → **+****TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/801.540
Filing Date	March 8, 2001
First Named Inventor	Bot
Group Art Unit	1632
Examiner Name	Woitach, J.
Attorney Docket Number	A30571-A-PCT-USA-A

Total Number of Pages in This Submission

**ENCLOSURES (check all that apply)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Replacement Sequence Listing (Paper and CRF copies);<br>Return Receipt Postcard |
|---|---|--|

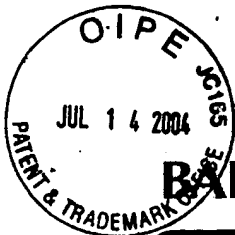
Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature	<i>Carmella L. Stephens</i>	Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	July 9, 2004	

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **July 9, 2004**

Typed or printed name	Carmella L. Stephens	
Signature	<i>Carmella L. Stephens</i>	Date July 9, 2004

**BAKER BOTTS LLP**

# FEE TRANSMITTAL for FY 2004

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT (\$ ) 0

**Complete if Known**

Application Number	09/801,540
Filing Date	March 8, 2001
First Named Inventor	Bot
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Attorney Docket No.	A30571-A-PCT-USA-A

**METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

02-4377

Deposit  
Account  
Name

Baker Botts LLP

- ☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money  
Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee  
(\$)Fee  
(\$)

Fee Description

Fee Paid

740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ ) 0

**2. EXTRA CLAIM FEES**

Total Claims 0 - 22 \*\* = 0 x Fee from below = 0  
Independent Claims 0 - 3 \*\* = 0 x Fee from below = 0  
Multiple Dependent Claims Fee from below = 0

Large Entity Small Entity

Fee  
(\$)Fee  
(\$)

Fee Description

18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 0

*\*\*or number previously paid, if greater; For Reissues, see above***FEE CALCULATION (continued)****3. ADDITIONAL FEES**Large  
Entity  
Fee  
(\$)Small  
Entity  
Fee  
(\$)

Fee Description

Fee Paid

130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

*\*Reduced by Basic Filing Fee Paid*

SUBTOTAL (3) (\$ ) 0

**SUBMITTED BY**

Name (Print/Type) Carmella L. Stephens

Registration No.  
(Attorney/Agent)

41,328

**Complete (if applicable)**

Telephone (212) 408-2539

Signature

*Carmella L. Stephens*

Date

July 9, 2004

WARNING: Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.

**BAKER BOTTS** LLP

Attorney Docket Number: A30571-A-PCT-USA-A

Title:

MINIMIZATION OF INFANTS



Use Space Below for Additional Information:



A30571-A-PCT-USA-A (070165.0582)  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Bot *et al.*  
Serial No. : 09/801,4540 Examiner: Waitach, J.  
Filed : March 8, 2001 Group Art Unit: 1632  
For : IMMUNIZATION OF INFANTS

**AMENDMENT**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

July 9, 2004  
Date of Deposit

Carmella L. Stephens  
Attorney Name

*Carmella L. Stephens*  
Signature

41,328  
PTO Registration No.

July 9, 2004  
Date of Signature

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office communication dated June 17, 2004, please consider the following amendments and remarks.

**Amendments to the Specification** begin on page 2 of this communication.

**Remarks** begin on page 3 of this communication.